

County: Washburn
TERRACEVIEW LIVING CENTER
COUNTY TRUNK B, P. O. BOX 609
SHELL LAKE 54871 Phone: (715) 468-7292

Facility ID: 8890

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Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 70
Total Licensed Bed Capacity (12/31/01): 70
Number of Residents on 12/31/01: 63

Ownership:
Highest Level License: Non-Profit Corporation
Operate in Conjunction with CBRF? Skilled
Title 18 (Medicare) Certified? No
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 67

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		34.9
Supp. Home Care-Personal Care	No					1 - 4 Years		46.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.2	More Than 4 Years		19.0
Day Services	No	Mental Illness (Org./Psy)	36.5	65 - 74	4.8			-----
Respite Care	Yes	Mental Illness (Other)	7.9	75 - 84	38.1			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	47.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	11.1	95 & Over	6.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.8		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	6.3		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	4.8	65 & Over	96.8	-----		
Transportation	Yes	Cerebrovascular	0.0		-----	RNs		8.8
Referral Service	No	Diabetes	4.8	Sex	%	LPNs		6.2
Other Services	No	Respiratory	1.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	22.2	Male	27.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	73.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	1	33.3	236	3	6.4	128	0	0.0	0	2	15.4	135	0	0.0	0	0	0.0	0	6	9.5
Skilled Care	2	66.7	236	38	80.9	110	0	0.0	0	9	69.2	119	0	0.0	0	0	0.0	0	49	77.8
Intermediate	---	---	---	6	12.8	92	0	0.0	0	2	15.4	109	0	0.0	0	0	0.0	0	8	12.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		47	100.0		0	0.0		13	100.0		0	0.0		0	0.0		63	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	11.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	15.9	84.1	63
Other Nursing Homes	6.8	Dressing	30.2	30.2	39.7	63
Acute Care Hospitals	78.1	Transferring	39.7	30.2	30.2	63
Psych. Hosp. -MR/DD Facilities	1.4	Toilet Use	41.3	28.6	30.2	63
Rehabilitation Hospitals	0.0	Eating	76.2	15.9	7.9	63
Other Locations	2.7	*****				
Total Number of Admissions	73	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.2	Receiving Respiratory Care		36.5
Private Home/No Home Health	2.7	Occ/Freq. Incontinent of Bladder	50.8	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	37.3	Occ/Freq. Incontinent of Bowel	38.1	Receiving Suctioning		1.6
Other Nursing Homes	14.7			Receiving Ostomy Care		1.6
Acute Care Hospitals	8.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.2	Receiving Mechanically Altered Diets		39.7
Rehabilitation Hospitals	0.0					
Other Locations	1.3	Skin Care		Other Resident Characteristics		
Deaths	36.0	With Pressure Sores	4.8	Have Advance Directives		100.0
Total Number of Discharges (Including Deaths)	75	With Rashes	7.9	Medications		
				Receiving Psychoactive Drugs		25.4

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group Ratio	Bed Size: 50-99 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	95.7	88.9	1.08	85.1	1.12	84.4	1.13	84.6	1.13
Current Residents from In-County	76.2	78.4	0.97	72.2	1.06	75.4	1.01	77.0	0.99
Admissions from In-County, Still Residing	20.5	25.3	0.81	20.8	0.99	22.1	0.93	20.8	0.99
Admissions/Average Daily Census	109.0	108.1	1.01	111.7	0.98	118.1	0.92	128.9	0.85
Discharges/Average Daily Census	111.9	107.3	1.04	112.2	1.00	118.3	0.95	130.0	0.86
Discharges To Private Residence/Average Daily Census	44.8	37.6	1.19	42.8	1.05	46.1	0.97	52.8	0.85
Residents Receiving Skilled Care	87.3	90.9	0.96	91.3	0.96	91.6	0.95	85.3	1.02
Residents Aged 65 and Older	96.8	96.2	1.01	93.6	1.03	94.2	1.03	87.5	1.11
Title 19 (Medicaid) Funded Residents	74.6	67.9	1.10	67.0	1.11	69.7	1.07	68.7	1.09
Private Pay Funded Residents	20.6	26.2	0.79	23.5	0.88	21.2	0.97	22.0	0.94
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	44.4	39.0	1.14	41.0	1.08	39.5	1.13	33.8	1.32
General Medical Service Residents	22.2	16.5	1.34	16.1	1.38	16.2	1.37	19.4	1.14
Impaired ADL (Mean)	50.8	49.9	1.02	48.7	1.04	48.5	1.05	49.3	1.03
Psychological Problems	25.4	48.3	0.53	50.2	0.51	50.0	0.51	51.9	0.49
Nursing Care Required (Mean)	11.5	7.0	1.64	7.3	1.58	7.0	1.64	7.3	1.57